

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90034 028 ***150.00

DOCUMENT # M01000002089

1. Entity Name
MES INSURANCE AGENCY, LLC



Principal Place of Business
10900 WAYZATA BOULEVARD
MINNETONKA, MN 55305

Mailing Address
10900 WAYZATA BOULEVARD
MINNETONKA, MN 55305

2. Principal Place of Business - No P.O. Box #
1441 Schilling Place

3. Mailing Address
2700 Sanders

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CORP TAX - 2S

04132007 Chg-LLC CR2E083 (12/06)

City & State
SALINAS, CA

City & State
Prospect Heights, IL

4. FEI Number
41-2001344

Applied For
Not Applicable

Zip
93901

Country
USA

Zip
60070

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCGT
FUGITT, SHARON L
1441 SCHILLING PLACE
SALINAS, CA 93901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GV
KIMBLE, THOMAS M
1441 SCHILLING PLACE
SALINAS, CA 93901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
GC
HARVEY, JOHN S
1441 SCHILLING PLACE
SALINAS, CA 93901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
G
COZZA, PATRICK A
200 SOMERSET BLVD., SUITE 100
BRIDGEWATER, NJ 08807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DEL PINO, ANTHONY J
200 SOMERSET BLVD., SUITE 100
BRIDGEWATER, NJ 08807 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VERMA, RAKESH
1441 SCHILLING PLACE
SALINAS, CA 93901 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #